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THE BRITISH JOURNAL OF DERMATOLOGY

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THE BRITISH
JOURNAL OF DERMATOLOGY.
OCTOBER, 1912.

A CASE OF HUTCHINSON'S INFECTIVE ANGIOMA.

By JAMES H. SEQUEIRA, M.D., F.R.C.P., F.R.C.S.,
Physician to the Skin-Department and Lecturer on Dermatology at the London Hospital; Consulting Dermatologist to the Radium Institute.

In his *Smaller Atlas of Clinical Illustrations* (1), Sir Jonathan Hutchinson published an excellent illustration of a rare form of spreading angioma, to which he gave the name of infective angioma or nævus lupus. He described the case as a peculiar form of serpiginous and infective nævoid disease. His patient was a young lady, aged 15 years, when he had the drawing made. The history was that a very slight port-wine stain was observed at the back of the arm soon after birth. For some years it scarcely spread at all, but later it began to advance and extended along the limb. The spread, as Sir Jonathan specially remarked, was not by a continuous edge, but "as if satellite spots had been produced which spread into circles, and gradually advancing by infective edges, had coalesced," producing an irregular pattern. Isolated spreading circles were present over the elbow, quite separate from the rest of the disease. In some parts slightly marked superficial scar could be demonstrated. The enlarged capillaries could be emptied by pressure, but not wholly, and in many places little tufts were distended with deep purple venous blood, which could not be pressed out. Ten years later the condition of the patient's arm was in almost the same condition.

On account of the tendency to spread by the formation of satellite spots, Sir Jonathan classed the condition as a form of "Lupus." Several cases have been described from time to time, and recently

one such presented itself in my clinic at the London Hospital, and as I was fortunate enough to be able to get a biopsy, the case appears to be worth recording.

Norah P—, aged 20 years, living in Forest Gate, was first seen at the London Hospital in February of this year. The mother stated that she noticed small red spots on the child's arm when she was two years old. Since then the affection has slowly and steadily progressed. There has been no period of rapid extension.

The whole of the front and outer side of the right upper arm showed red patches, in some of which there was a distinct purplish tinge. The purple areas were constant and did not change to red, nor the red to purple, with changes of temperature, etc. Round the periphery of the affected area were clusters of minute red spots recalling the cayenne pepper grains of Hutchinson's original description. The central areas were more homogeneous, but even in them the spotted character was present. The eruption extended sparsely over the right shoulder on to the front of the neck and chest, but not across the middle line. Below it extended down the front of the forearm as far as the dorsal surface of the forefinger and the front and back of the thumb. The rest of the integument was free. On pressure the colour became paler, but did not disappear.

A small area was excised and sent to the Pathological Institute for examination and report.

The epidermis was of normal appearance, having a stratum granulosum and stratum corneum. The capillaries and most of the venules in the papillary zone were greatly engorged by red corpuscles, relatively few leucocytes being present. Other venules were collapsed, their lumen being a mere slit. In these the acellular tissue between the endothelium and a layer of elastic was very greatly swollen, and was stained yellow or faint pink with van Gieson. A similar but less marked swelling was also seen in the walls of the dilated vessels. The capillaries and venules in the deeper layers of the dermis were also engorged. There was no evidence of œdema of the dermis. There appeared to be a little proliferation of fibroblasts round groups of capillaries in the papillary zone but there was no infiltration by free cells. Immediately beneath the epidermis there were some oval bodies which lay in unlined spaces. They varied in size, were structureless, and stained faintly with eosin,

DR. SEQUEIRA'S CASE OF ANGIOMA.

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yellow in van Gieson, and somewhat deeply by elastin. The substance of the oval bodies was Gram-negative.

It is obvious that the condition is not lupus in the sense of being a tuberculous process. It is not the ordinary type of nævus because it spreads steadily for many years after birth. I was unable to find any areas which showed cicatricial changes such as were described by Hutchinson in his case. The significance of the oval bodies lying in unlined spaces in the epidermis cannot be determined. Dr. Turnbull, to whom I am indebted for the report upon the histology, was unable to identify them.

Reference.

Hutchinson's *Smaller Atlas of Clinical Illustrations*. West, Newman & Co., 1895. plate ix.

ON NECROTIC TUBERCULIDES.

By J. L. BUNCH, M.D., D.Sc., M.R.C.P.,
Physician to the Skin-Department, Queen's Hospital for Children, and to St. John's Hospital for Skin-Diseases.

Chronic, slowly progressing cutaneous tuberculosis is usually accompanied by more or less atrophy, scarring or necrosis of the involved areas, and in most cases these changes seem to bear a definite relationship to the severity and extent of the tuberculous lesions of the skin. But two cases which have been under my care recently have shown a disproportion between the initial lesions and the subsequent changes in the cutaneous tissues, and one was unusual in that the tuberculous lesions of a necrotic character co-existed with a well-marked Lupus erythematosus. The first was a boy, now 12 years of age, who has attended my department at the Queen's Hospital for Children for the past five years, and who first developed a skin-eruption at the age of four. This began as a simple red patch at the navel, on which small red nodules showed themselves later. The nodules were slightly raised, somewhat papular in character and distinctly infiltrated, but small and apparently quite superficial. They were always succeeded by a shallow scar about $\frac{1}{8}$ to $\frac{1}{3}$ in. in diameter. In 1906 there were about thirty of such scars round the umbilicus, and the skin of this area was dry, scaly and red, and covered with a

fine desquamation. On the inner sides of the thighs and for some distance round each axilla was a circumscribed, irregular, superficial pinkish dermatitis, with a similar fine scale on the surface.

During the past five years the areas which formerly only showed a superficial dermatitis have become covered with a number of small, shallow, atrophic scars, similar to those round the umbilicus, which latter have persisted. Still more atrophic lesions have also made their appearance on the skin of the abdomen, so that at the present moment there are a very large number of such scars—so many that they have not been counted. The disease is progressive, for fresh lesions keep on showing themselves, but since the patient has had regular treatment with tuberculin they are less numerous and less marked. It is not easy to be sure that the scars are always preceded by papular, tuberculous lesions, but such papules have frequently been found while the boy has been under my care. The atrophic scarring in any case seems to be more defined and more extensive than the small papular lesions would have led one to expect. It appears certain that before any fresh area shows any signs of papules or scars, it is, for some long period previously, invaded by a characteristic, scaly dermatitis, and there is now a very well-marked patch of such a character on the right shoulder, which probably heralds the appearance of the atrophic tuberculide within the next few weeks or months. The patient was shown at the Dermatological Section of the Royal Society of Medicine, and the diagnosis of tuberculide was confirmed by members of the Section and by Professor Sabouraud, of Paris.

Microscopic examination of an excised nodule showed some congestion of the papillary and sub-papillary vessels, with marked infiltration of small round-cells about the glands and veins in the hypodermic tissues and the gland-ducts in the corium. Giant-cells were present, but no tubercle bacilli could be demonstrated.

In 1906 the boy was an in-patient at the Queen's Hospital for six weeks and was given a course of small tuberculin injections. These, however, failed to arrest the disease, and, in fact, some tuberculous papules subsequently made their appearance at, or quite near to, the sites of some of the injections.

In February, 1912, a series of injections with Rosenbach's tuberculin was commenced by the pathologist, Dr. Woodforde, who has

kindly contributed some notes on the treatment. This injection of Rosenbach's tuberculin has been continued up to the present time and is still being persevered in, as it appears to have had a very favourable influence on the course of the disease. The initial dose was ·01 c.c. and this was increased at weekly intervals by ·01 c.c. until on April 3rd a dose of ·1 c.c. was reached. He then had ·12, ·14, ·25 and ·3 c.c. at weekly intervals, and at this last dose he showed a fairly well-marked reaction which was both local, focal, and constitutional. The dose was still further increased gradually up to ·6 c.c. at weekly intervals, without reaction—in all seventeen injections.

He had a rest for five weeks and recommenced on July 17th at ·3 c.c., followed by ·5, ·6 and ·75 c.c. at intervals of a week. He is now having ·75 c.c. at intervals of fourteen days, without reaction of any kind. The dose has not been increased since the beginning of August, as it seems to be efficient.

Rosenbach's tuberculin has not as yet been used very extensively in this country, although it has attained considerable popularity abroad, especially in Japan. It consists essentially of a glycerine extract of a mixed growth of the tubercle bacillus with the *Tricophyton holosericum album*. Cultures of the tubercle bacillus six weeks old are inseminated with the tricophyton and incubated at 20° C. for ten or twelve days. The combined growth is removed, triturated with 20 per cent. glycerine and filtered. The water of condensation is filtered and added to the filtered extract and the whole is standardised to ten times the mass of the original mixed growth. As a preservative 5 per cent. carbolic acid is added. Rosenbach maintains that the toxic products of the tubercle bacillus are present in much smaller quantity in his extract than in the older tuberculins, and suggests a bio-chemical process taking place in the mixed culture as a possible explanation of this decreased toxicity. It is certainly true that tuberculous patients tolerate much larger doses of his tuberculin than of the other tuberculins in everyday use and benefit thereby, as is shown by other tuberculous skin-diseases treated in this way at the Queen's Hospital for Children.

Rosenbach advocates initial somewhat massive doses, but it is not certain that this is always advisable, especially in patients with extensive tuberculous lesions.

Another case of a necrotic tuberculosis of the skin is interesting

from the fact that the patient developed Lupus erythematosus some time after the appearance of the tuberculous lesions. No attempt will be made here to define the rather indefinite group of tuberculides, or to explain why a tuberculous lesion of the skin, in which tubercle bacilli are absent, which necroses, but in which the initial lesions are larger than a papule, is not usually classed as a tuberculide.

The synonyms given for tuberculides in most text-books show, however, that the question amply needs discussion.

The patient, a woman, aged 25 years, has suffered from tuberculous lesions of the skin since the age of fifteen. At that age a small, pinkish, indurated swelling showed itself in the skin of the left leg above the ankle, at first about the size of a pea, but subsequently somewhat larger. Soon afterwards two similar indurated lesions appeared on the right arm. The swellings grew very slowly and caused very little pain, but, after they had been present some time, the skin over them became red and broke down and a slight purulent discharge showed itself. Additional similar lesions subsequently appeared on the left leg, on the right leg and elsewhere. These tended in places to coalesce, in other places to granulate up and heal, leaving, however, considerable scarring.

On both legs, below the knee, the number of such small ulcers was, in the course of time, considerable; the skin in these areas became very much pitted and scarred, and a large amount of cicatricial tissue formed. This weak cicatrical tissue appears to break down somewhat readily if a suppurative focus starts in its neighbourbood, but it is characteristic of the healing process when this definitely sets in. The present appearance of the diseased area is that commonly known as scrofulodermia. The ulceration is superficial, the edges are irregular in outline, somewhat undermined, spreading gradually, with small amount of induration, and the diseased skin has a dull purplish or dark reddish tint. The floor of the ulcer has a covering of sluggish granulations and the amount of pus discharged is comparatively small; it differs entirely from the sharp-cut syphilitic ulcer with its wash-leather-coloured slough. Temporary crusts are formed, and then the ulcer appears gradually to granulate up and superficial scar-tissue slowly forms.

The Wassermann reaction was negative, and the patient responded

FIG. 1.

FIG. 2.

TO ILLUSTRATE DR. J. L. BUNCH'S ARTICLE ON NECROTIC TUBERCULIDES.

positively to the von Pirquet reaction. There were no stigmata of hereditary syphilis, and both the clinical appearances and the microscopical changes tended to show that the case was that of a necrosing tuberculide. Physical examination of the chest showed some consolidation of the right apex; the patient suffered from chronic cough, most marked in the winter, and there was intermittent pyrexia.

Some three years ago, when the patient was twenty-two years of age, an erythematous, scaly patch appeared on the lobe of the left ear, and, shortly afterwards, a similar patch near the hairy border of the scalp on the same side. The latter patch especially became indurated, with a well-defined edge, scaly surface, and plugging of the gland-ducts. This patch spread slowly, without any ulceration, but with atrophic degenerative changes which resulted in the formation of fine scar-tissue and the loss of hair over the affected area. A year ago a small red, scaly patch made its appearance on the left cheek over the malar bone, somewhat more erythematous than the others, but with a similar sharply defined edge, branny surface, and the subsequent development of atrophic cicatricial tissue. This patch is now about the size of a shilling and appears to be spreading; it has a well-defined outline, shows clearly atrophic changes, and, taken with the patches on the ear and scalp, presents a sufficiently typical picture of Lupus erythematosus. These patches give rise to a certain amount of burning sensation, but the patient complains chiefly of the disfigurement. The mucous membranes are not involved.

Microscopic examination of a small portion of diseased skin removed from the scalp showed thinning of the epithelium in the atrophic area, with considerable hyperkeratosis of the horny layer and flattening of the underlying papillæ. A considerable infiltration of small cells, partly plasma-cells, surrounded the gland-ducts and blood-vessels, particularly in the corium, and there appeared to be slight œdema of the cutis and lymph-vessels of the papillæ.

The openings of the dilated gland-ducts were in places blocked with horny plugs, which might have been the result of acanthosis. No tubercle bacilli and no giant-cells were found in the sections.

The perivascular infiltration, the changes in the openings of the gland-ducts and the atrophic processes which had taken place in the epithelium seem to point to a diagnosis of Lupus erythematosus and to confirm that already reached from the clinical appearances.

Cases have, of course, been recorded from time to time of the co-existence of Lupus erythematosus with undoubted tuberculous affections of the skin, and one of the earliest of such recorded cases was one in which a papulo-necrotic tuberculide was present at the same time as Lupus erythematosus. But to-day the mere fact of the two diseases being present in the same patient would not be held to prove the tuberculous or paratuberculous nature of Lupus erythematosus, which appears to me to have little to support it, despite the warm advocacy of some distinguished dermatologists.

DESCRIPTION OF PLATE.

FIG. 1.—Papulo-necrotic tuberculide.

FIG. 2.—Necrosing tuberculosis of the skin in patient with Lupus erythematosus.

ON REFLEX IRRITATION AS A CAUSE OF ALOPECIA AREATA.

BY H. EMLYN JONES, M.R.C.S., L.R.C.P.,
Late Clinical Assistant in the Skin-Department at the London Hospital.

JACQUET'S hypothesis that Alopecia areata is produced reflexly by irritation of the peripheral nerves led to the observations which are recorded in this communication. According to this hypothesis peripheral irritations such as are produced by the eruption of the permanent teeth, dental caries, naso-pharyngeal, gastro-intestinal and genital disorders are the cause of the areate form of alopecia. In the majority of cases the local irritation is said to come from the teeth. The eruption of the wisdom teeth was said to be associated with Alopecia areata of the nape of the neck. Disease of the canines was found in connection with alopecia of the chin, while affections of the teeth of the upper jaw were associated with alopecia of the parietal and frontal regions.

It is certain that sometimes Alopecia areata affects exactly the area supplied by one or more peripheral nerves of the scalp, but in the common form of Alopecia areata the fall of hair occurs in rounded or oval patches, which by coalescence may form areas of various outline but do not correspond with nerve areas. The cases in which the hair comes out over a tract supplied by a branch of the trigeminal nerve

are exceedingly rare, and not one was observed in the fifty cases which form the basis of this communication.

With the object of testing Jacquet's hypothesis fifty consecutive cases of Alopecia areata seen in the Skin-Department of the London Hospital were carefully examined. The areas of alopecia were marked upon scalp charts, and charts were also made of the condition of the teeth. The pharynx and naso-pharynx were also examined, and the vision was tested and the state of the conjunctivæ, etc., was noted. With a view to simplifying the results of these observations the facts are tabulated simply under various headings.

Table I.

The condition of the teeth in fifty consecutive cases of Alopecia areata, the ages of the patients varying from five to fifty years.

(*a*) Cases in which there was no carious tooth or decaying stump	8
(*b*) Cases in which the molars (one or more) were alone affected	23
(*c*) Cases in which the molars (one or more) were decayed, and also one or more (generally more) of the remaining teeth were also affected	19
	50

The percentage of cases showing the possibility of dental irritation in this series is very high, viz. 84 per cent. In 16 per cent. only was there no evidence of dental disease.

Table II.

In this table the presence of possible reflex irritation from such causes as carious stumps, enlarged tonsils, adenoids, defects of vision (often associated with constant headache or neuralgia) and other ocular troubles are included.

(*a*) Cases of Alopecia areata in which there were no carious teeth, no enlarged tonsils and no ocular troubles . .	4
(*b*) Cases in which there were tonsillar hypertrophy, adenoids, defect of vision, headaches, or a combination of these, but with no dental defect	4

(*c*) Cases in which there were carious teeth and also other possible irritative lesions, such as tonsillar hypertrophy, adenoids, ocular troubles, etc. 14

(*d*) Cases of alopecia in which there were carious teeth, but in which *no* other possible irritative lesions were discovered. 28

50

Assuming Jacquet's hypothesis to be correct, this table shows that dental irritation plays a more important part than any other source of peripheral irritation.

TABLE III.

In this table the fifty consecutive cases of Alopecia areata are classified as far as possible according to the cutaneous nerve supply of the areas in which the baldness was known to start.

(*a*) Cases in which the alopecia had become universal before the patient came under observation 3

(*b*) Cases in which the areas of alopecia were on the scalp, beard region and eyebrows in areas supplied by the trigeminal nerve 4

(*c*) Cases of scalp Alopecia areata in which the areas corresponded with regions supplied by the trigeminal nerve only 5

(*d*) Cases in which the area of alopecia corresponded with regions supplied by the great and small occipitals, or regions supplied by the cervical plexus only . . . 18

(*e*) Cases in which the areas were in regions supplied by the occipitals and cervical plexus *plus* areas supplied by the trigeminal 20

50

The observations recorded in this table would seem to have an important bearing on the problem at issue.

In only nine cases (18 per cent.) was the area of alopecia that supplied by the trigeminal nerve, while in eighteen cases (36 per cent.) the nerve supply was from the occipitals, or the cervical plexus. In twenty cases (40 per cent.) the occipitals and cervical plexus were the nerves of supply in addition to the trigeminals.

In Table I we found that 80 per cent. of the cases had dental trouble of some sort, which implies a possibility of irritation through the trigeminals.

The discrepancy appeared to be so large that a further series of observations was made upon fifty consecutive surgical out-patients of similar age. The patients taken were those commonly met with in the out-patient department—fractures, local abscesses, etc., the patients being otherwise in good general health.

Table IV.

(*a*) Cases in which the teeth were good, none missing or carious	8
(*b*) Cases in which one or more teeth were missing, but in which there was no dental caries or obvious source of irritation	4
(*c*) Cases in which one or more (usually more) molars were decayed.	17
(*d*) Cases in which the molars were found decayed together with caries of the bicuspids, incisors or canines . .	21
	50

In no single case of this series was there any alopecia or other affection of the hair.

These observations show that while in fifty consecutive cases of Alopecia areata there was no possibility of peripheral irritation from dental caries, etc., in eight, and in fifty consecutive surgical out-patients drawn from the same class, twelve patients had no evidence of dental caries. The amount of evidence in favour of Jacquet's hypothesis is slight, and apparently too slight to be convincing. These facts, coupled with those derived from a study of the cases in Table III, in which the areas involved are set out in relation to their nerve supply, showing a great preponderance of areas in the regions which are not supplied by the trigeminal nerve, seem sufficient to direct attention to some other cause than peripheral nerve irritation.

Reference.

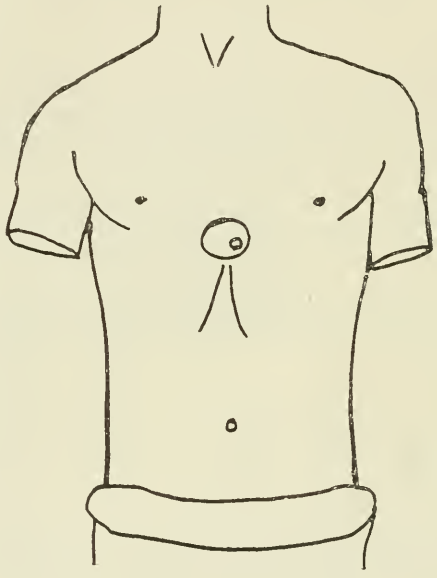
L. Jacquet.—"La Pelade d'origine dentaire," *Annales de Dermat. et Syph.*, Paris, 1902, S. 4, iii, p. 97.

CLINICAL NOTE.

RUDIMENTARY MARSUPIAL POUCH IN MAN.

By E. WARD, M.D., F.R.C.S.

On August 23rd, 1912, I discovered a curious congenital anomaly while examining a boy, T. R—, with a view to his admission into a local works. Except for an error of refraction (astigmatism about



+ 3 D.), the boy was healthy and well developed; the deformity recorded had been present since birth and had never caused any trouble or inconvenience of any sort.

In the mid-line over the lower part of the gladiolus sterni there was a circular pocket of skin, entered by a small opening placed a little to the left side, and a little below the centre of the pocket. The diameter of the pocket was an inch and a half, and the opening measured one quarter by one eighth of an inch. The inside of the pocket was quite smooth and was lined by normal skin. There were hair-follicles and sweat-glands alike in the skin overlying the pocket and in the skin lining it. There were no signs of scar-tissue or traces of old inflammation or injury around or inside the pocket.

The diagram shows the position of the pocket on the body; its size is somewhat exaggerated for diagrammatic purposes.

I have never before seen such a pocket, nor can I find a description of any such, and can only suggest that it is a rudimentary marsupial pouch. The suggestion may seem to be far-fetched, but if the size of the pocket were suitably increased it would occupy just the position of the marsupial pouch in kangaroos.

RADCLIFFE-CROCKER MEMORIAL.

A TRAVELLING SCHOLARSHIP in Dermatology has been endowed with £1500 by Mrs. Radcliffe-Crocker in memory of her late husband, H. Radcliffe-Crocker, M.D.Lond., F.R.C.P., first President of the Dermatological Section of the Royal Society of Medicine, London. The above sum has been placed in the hands of the Committee of University College Hospital, where Dr. Radcliffe-Crocker was physician for thirty years. The scholarship carries with it a gold medal, and will be awarded once in five years at the discretion of the Committee.

The announcement of the foundation of a Radcliffe-Crocker Travelling Scholarship will be received with great satisfaction and gratitude by British dermatologists. This munificent gift by Mrs. Radcliffe-Crocker for the furtherance of the study of the branch of medicine in which her late husband was for so long a distinguished ornament is a worthy memorial of him, and one which we feel sure will be of lasting benefit to British Dermatology.

SEVENTEENTH INTERNATIONAL CONGRESS OF MEDICINE, LONDON, 1913.

THE Committees have now selected the subjects for discussion at the International Congress of Medicine to be held in London in August next year. In the Dermatological Section, which will be presided over by Sir Malcolm Morris, K.C.V.O., the following programme of discussions and reports has been arranged. The discussions will begin at 9.30 a.m. each day, and the afternoon sessions will be devoted to the reading of papers.

On Thursday, August 7th, 1913, the subject for discussion is "Epithelioma of the Skin, Benign and Malignant." The reporters will be Dr. J. A. Fordyce and Prof. Joseph Jadassohn (Berne). Dr. Jean Darier (Paris) will also read a paper.

On Friday, August 8th, 1913, the subject will be "Alopecia Areata and Allied Conditions." The reporters will be Dr. R. Sabouraud (Paris) and Dr. P. G. Unna (Hamburg).

On Saturday, August 9th, 1913, a joint meeting will be held with the Section of State Medicine, the subjection for discussion being: "Syphilis, its Dangers to the Community, and the Question of State Control." The dermatologists who have consented to report are Prof. Ernest Finger (Vienna) and Prof. Edmund Lesser (Berlin).

On Monday, August 11th, 1913, a joint meeting will be held with the Naval and Military Section, the subject for discussion being the "Treatment of Syphilis by Salvarsan and Allied Substances." The reporters will be Prof. Paul Ehrlich (Frankfort-a-Main) and Prof. Albert Neisser (Breslau).

On Tuesday, August 12th, 1913, the subject for discussion is "The Vaccine Treatment of the Diseases of the Skin," the openers being Prof. T. Caspar Gilchrist (Baltimore) and Prof. Arthur Whitfield.

The meetings of the Section will be held in the Medical School of St. Thomas's Hospital, with the exception of that on Monday, August 11th, when the joint meeting on the treatment of syphilis by salvarsan and allied substances will be held in the Royal Army Medical College at Millbank.

The Central Office of the Congress is at 13, Hinde Street, London, W. The secretaries for the Dermatological Section are Dr. R. Cranston Low (Edinburgh), Dr. Leslie Roberts (Liverpool), Drs. J. M. H. MacLeod and J. H. Sequeira (London). Those intending to contribute papers or to take part in the discussions are requested to communicate early with the secretaries.

CURRENT LITERATURE.

A STUDY OF THE BLOOD AFTER VENOUS INJECTIONS OF SALVARSAN. G. M. Mackee. (*Journ. of Cut. Dis.*, April, 1912, vol. xxx, p. 199.)

From a study of the blood of twenty-one patients both before and after the intra-venous administration of salvarsan, the writer observed that there was no change in the erythrocytes after the injection beyond physiological limits, unless when there was a more or less severe systemic reaction, when a distinct fall in their number occurred. He noted also that there was a definite relationship between the systemic reaction and the use of stale or freshly prepared distilled water, and that salvarsan itself seemed to play no part in reducing the count. He was led to the conclusion that the reaction and diminution in the number of red blood-cells was due to the bacterial products contained in the water, and that both could be avoided if the injections were made under perfect aseptic conditions. J. M. H. M.

A COMPARISON OF PEMPHIGUS FOLIACEUS AND DERMATITIS EXFOLIATIVA NEONATORUM (RITTER), WITH REMARKS ON THE ÆTIOLOGY. H. H. Hazan. (*Journ. of Cut. Dis.*, June, 1912, p. 325.)

In this communication (1) a further account of a case of Pemphigus foliaceus published by the writer in 1910 is given, (2) a case of Pemphigus foliaceus in a negro, and (3) a case of Dermatitis exfoliativa neonatorum are described. The clinical descriptions were accompanied by photographs of two of the cases and of the microscopical appearances.

The ætiology is then discussed especially with regard to the rival theories of the causation of P. foliaceus, namely the view that it is due to an intoxication, or second, to an infection.

The writer concludes that it is an infection, and that in some cases at least the *Bacillus pyocyaneus* is responsible, having found that micro-organism in the unruptured vesicles.

"Lesions of the disease have also been reproduced in a patient by the inoculation of a pure culture of the *pyocyaneus*; the organism has been recovered from the internal organs post-mortem and from catheterised specimens of the urine during life." He believes that death may take place from a generalised infection with that organism.

He considers that the term "Dermatitis exfoliativa neonatorum" is a bad one and should be abandoned, as the exfoliation is secondary to a generalised cutaneous infection, probably with the *Staphylococcus albus*.

J. M. H. M.

THE INFLUENCE OF MILK-FAT ON THE SKIN. D. W. Montgomery and George D. Culver. (*Journ. of Cut. Dis.*, June, 1912, p. 320.)

In the experience of the writers the ingestion of a large amount of butter or other forms of milk-fat increases the refractoriness to treatment of seborrhœa and the seborrhœids. This is believed to be due to the presence of an excess of milk-fat in the skin.

They consider that the quantity and quality of the fat ingested does not act directly as a poison, but lowers the resistance and increases the susceptibility to bacterial attack, rendering the patient liable to such affections as acne, seborrhœic eczema, furuncle and erysipelas.

J. M. H. M.

XANTHOMA TUBEROSUM MULTIPLEX. S. Pollitzer and Udo J. Wile. (*Journ. of Cut. Dis.*, May, 1912, p. 235.)

The recent studies in xanthoma have been chiefly concerned with the chemistry of the fatty bodies which enter into their structure. According to Pollitzer, Xanthoma palpebrarum results from the degeneration of muscle-fibres, and is of a different nature from the tuberous form.

In this contribution it is the tuberous variety which is referred to. Histologically the following changes were detected in a large number of sections. In the earliest lesions there was a proliferation of the cells in the immediate neighbourhood of the papillary and subpapillary blood-vessels, and infiltration of the perivascular and intercellular lymph-spaces with a fatty substance, which is

present also to a considerable extent in the new-formed cells and in the endothelium of the capillaries, and here and there in the basal layer of the epidermis. These new-formed cells present the picture of small or young "xanthoma cells." In lesions of medium size the hyperplasia of xanthoma cells is so dense that no definite relationship to the blood-vessels can be detected, and many of the cells have two or more nuclei—xanthoma giant-cells. When the fatty substance which almost entirely fills these cells is extracted, a reticular appearance is left ("Schaumzelle"). Surrounding the nests of xanthoma cells numerous fibroblasts are present, containing fine droplets and coarse clumps of fat. In sections of old specimens the xanthoma cells are greatly diminished and the appearance of a fibroma is presented.

The greater proportion of the fatty substance is a lipoid, known as cholesterol-fatty-acid-ester, which tends to break up in older xanthoma tumours into cholesterol crystals. The same lipoid occurs in the blood in icterus and diabetes, and passes out through the capillaries of the skin at some point of diminished resistance such as about the joints where the blood-vessels are subject to special strain owing to the movements. This is found free at first in the lymph-spaces and gradually infiltrates the cells, and at the same time causes a cellular proliferation of the cells of the capillaries by irritating them, which probably in turn stimulates the fixed cells of the connective tissue to proliferate. The presence of the lipoid in the cells does not appear to affect their vitality except in older tumours, where the layers adjacent to a vessel may become completely obliterated by the lipoidal infiltration.

The proliferation of the perivascular cells acts in turn as a stimulus to the development of connective tissue, which, as fibroblasts and coccogenous bundles, surrounds the nests of xanthoma cells and ultimately predominates over the true xanthomatous elements.

The paper is illustrated by a number of coloured drawings of the microscopical appearances.

J. M. H. M.

A REPORT OF THE WASSERMANN REACTION ON SIXTY-ONE CASES OF SYPHILIS TREATED WITH SALVARSAN. M. F. Enquian and R. Buhman. (*Journ. of Cut. Dis.*, May, 1912, p. 256.)

Of the 61 cases, 32 received salvarsan alone, and of these 9 gave a negative Wassermann reaction and 23 a positive reaction. Of a group of persistent positive reactions 5 had two doses and 1 three doses of salvarsan.

Of the 61 cases, 29 received mercury injections following the salvarsan. Of these, 14 gave a negative Wassermann reaction.

Of 29, 4 gave a persistent positive reaction after two doses of salvarsan and two courses of mercury respectively.

Seven of the 61 cases had two doses of salvarsan alone, and of these only 2 became negative, while 5 remained positive.

In the earlier syphilides salvarsan was used alone in 6 cases, with the result of 33 per cent. negative Wassermann reactions. In the late syphilides, salvarsan used alone in 26 cases gave 26 per cent. of negative reactions.

The Junkermann method was used in 43 cases and gave negative reactions in 16.

The intra-venous method was used in 16 cases with no negative reaction after a single dose; two negative reactions were obtained after two successive doses; 5 remained positive after two doses, and the remainder received mercury.

J. M. H. M.

A CRITICAL STUDY OF THE ORGANISMS CULTIVATED FROM THE LESIONS OF HUMAN LEPROSY, WITH A CONSIDERATION OF THEIR ÆTIOLOGICAL SIGNIFICANCE. Charles W. Duval and Creighton Wellman. (*Journ. of Cut. Dis.*, July, 1912, p. 397.)

This paper, which was read at the Annual Meeting of the American Dermatological Association in May at St. Louis, is the result of a comparative consideration of the various strains of micro-organisms isolated from leprous patients by different workers.

They consider that two, and possibly three, different organisms had been cultivated from the specific lesions of leprosy, namely—(1) a non-acid-fast diphtheroid (Kedrowski); (2) an acid-fast chromogenic bacillus (Clegg), and (3) a permanently acid-fast bacillus (Duval).

As a result of the researches of the writers the following conclusions were arrived at.

(1) From a bacteriological study of 29 cases of leprosy, an acid-fast bacillus was discovered in 22.

(2) A chromogenic strain similar in all essentials to that described by Clegg was recovered from 14 cases, which under certain conditions grows as (*a*) non-acid-fast streptothrix, (*b*) non-acid-fast diphtheroid, and (*c*) an acid-fast bacillus.

(3) Eight cases yielded an organism which was distinctly different from Clegg's bacillus in its biological character, growing only upon special medium and not producing pigment.

(4) Animal experiments undertaken for the purpose of differentiating the two types removed from the human leprous lesion and to fix their ætiological status were not regarded as conclusive.

(5) Serological tests, especially those performed with highly immune sera, suggested that the bacillus of Clegg was not related to Duval's non-chromogenic, slow-growing culture of leprosy.

(6) The *rôle* played by the chromogenic bacillus of Clegg in the production of leprosy was unsettled.

(7) The non-chromogenic strain, while behaving according to most of our notions of a pathogenic organism, had not yet been proved to be the cause of leprosy, although it was probable that it might be so, and the writers considered that it deserved more serious attention than any strain cultivated from the human leprous lesion.

(8) The wide variation in morphology and staining reactions for certain cultures which subsequently become rapid growers and chromogenic explained the interpretation of European writers, that the *Bacillus lepræ* is a bacterium of such pleomorphism that it can be recognised as a diphtheroid, a streptothrix and an acid-fast bacillus.

J. M. H. M.

§

DIAGNOSTIC VALUE OF THE NOGUCHI LUETIN REACTION IN DERMATOLOGY. Daisy O. Robinson. (*Journ. of Cut. Dis.*, July 1912, p. 410.)

The Noguchi luetin reaction corresponds in syphilis to the von Pirquet's test in tuberculosis. Luetin is an extract prepared from the *Spirochæta pallida*. In syphilitic patients a local anaphylaxis is set up which can result in a local inflammation when the extract of *Spirochæta pallida* is inoculated. This reaction does not occur when the spirochætes are vigorous and abundant as in primary and secondary untreated cases.

The following changes constitute a positive reaction :

At the site of the luetin inoculation on the day after or second day an erythematous area occurs, varying in size from a pea to a twenty-five-cent piece, with a central papule of variable size. The papule is sometimes markedly elevated, more or less firm to pressure, and reddish in colour. A day or two later the lesion may increase in size, become darker in colour, and may even suppurate. After several days it subsides, leaving an indurated lesion which gradually disappears and may be followed by slight pigmentation.

This reaction is said by the writer to be more constant in tertiary, latent and late hereditary syphilis than the Wassermann reaction.

J. M. H. M.

TRICHLORACETIC ACID AS A KERATOLYTIC IN SEBORRHŒIC KERATOSIS. D. W. Montgomery and G. D. Culver. (*Journ. of Cut. Dis.*, September, 1912, p. 523.)

The senile keratoses which occur in a seborrhœic skin are amenable to X-rays and solid carbon dioxide. According to the experience of the writers better results than those with the solid carbon dioxide can be obtained by trichloracetic acid, and results equal to those got from the X-rays. If there is much crusting it had better be removed by the curette, and then either the crystals or a saturated solution of the acid should be well rubbed into the denuded surface. Care must be observed in handling the crystals, as they are apt to break and the fragments may get into the eye. It is better to pound up a few crystals with a few drops of water in a salt-cellar and apply with a swab on the end of a probe. It should thus be rubbed into the diseased spot, allowed to remain on for a few minutes till the surface becomes white, and then water should be applied on a mop of cotton-wool to stop its action. J. M. H. M.

DERMATITIS PUSTULOSA VEGETANS RECURRENS. George Pernet. (*Journ. of Cut. Dis.*, September, 1912, p. 517.)

In this communication the author describes an unusual case of pustular dermatitis which he exhibited at the Royal Society of Medicine in June, 1908. The condition somewhat suggested the affection which was described as Impetigo herpetiformis by Hebra, Kaposi and others, but more nearly resembled a case described by Hallopeau under the title of "Dermatitis pustuleuse chronique en foyers à progression excentrique." The patient was a married woman, aged 26 years, who had had the disease for two years when first seen by the writer. The eruption involved the scalp, nose, back, and about the external genitalia. The lesions were thickly crusted, presented a tendency to form circles and

segments of circles of pus lesions at the margins. The lesions were raised and the surface irregularly nodular. The affection proved singularly intractable, and tended to relapse after periods of slight improvement from treatment

J. M. H. M.

EXPERIENCE WITH NOGUCHI'S LUETIN REACTION. Howard Fox. (*Journ. of Cut. Dis.*, August, 1912, p. 465.)

The luetin test is a diagnostic cutaneous test for syphilis similar to that of v. Pirquet for tuberculosis.

The technique employed was that of Noguchi, 0·1 c.c. of luetin being injected in the skin of the left arm, and an equal quantity of the control (uninoculated culture medium) in the skin of the right arm. A number of cases were injected. In five of these slight constitutional symptoms followed the injections. A positive local reaction was generally first noticed on the evening of the day after injection or the following morning, and consisted of an inflammatory nodule sometimes surrounded by a bright red areola. Pustulation was noted in 11 cases. The writer's experience with luetin was limited to 100 cases, 49 of which were of acquired syphilis; control tests were made in various non-specific diseases. In 14 cases of active secondary syphilis the luetin reaction was positive in 6 cases; in 33 cases of tertiary syphilis the reaction was positive in 17, negative in 14 and doubtful in 2. The writer believes that the luetin test will prove to be of some value as a diagnostic aid, particularly in cases where the Wassermann reaction fails to give any definite information.

J. M. H. M.

ERYTHEMA AB IGNE. M. B. Hartzell. (*Journ. of Cut. Dis.*, August, 1912, p. 462.)

In this contribution four cases of the well-known reticulate erythema and pigmentation due to long-continued exposure of the skin to heat are reported. In all four cases the patients were decidedly below the normal standard of health either as a result of previous illness, alcoholism or old age. In one case the erythema occurred in the lower part of the back and was the result of the continued application of a hot-water bag. Sections of one of the cases showed pathological changes of an inflammatory type consisting of cellular infiltration in the papillary and sub-papillary layers and in the vicinity of the vessels. All the sections showed a more or less marked deposit of brown pigment in the basal cells of the rete mucosum. The microscopical changes showed the affection to be clearly inflammatory and not simply a staining of the skin with blood-pigment as has been suggested, and therefore the name Erythema *ab igne* is much more appropriate than "ephelis *ab igne*."

J. M. H. M.

REPORT ON THE TREATMENT OF TWENTY-TWO CASES OF YAWS BY SALVARSAN. R. P. Cockin. (*Journ. of Trop. Med. and Hyg.*, September 16th, 1912, p. 277.)

The cases were treated at the Yaws Hospital, St. George's, Grenada. The injections were given intra-muscularly. With exception of two cases no ill-effects resulted from the treatment. In these two cases some degree of arsenical poisoning was noted. Under salvarsan the cases rapidly improved, and were able to be discharged after twenty-five days in hospital against an average of three months under other modes of treatment. The doses given varied from

0·15 to 0·6 grm. according to the age and weight of the patient. Only one of the cases required a second dose. The method of preparing the salvarsan injection was that suggested by Taege, and the pain experienced by the method was slight. In three cases which were examined the spirochætes disappeared from the tissues within forty-eight hours after the injection.

The stay of twenty-five days in hospital was not necessitated by the treatment, but was due to the fact that practically all yaws cases were infected with ankylostomiasis, and removal of these parasites was necessary as a preliminary to the treatment by salvarsan.

J. M. H. M.

THE RELATIONSHIP OF HEBRA'S PRURIGO TO TUBERCULOSIS. Boas. (*Nord. Med. Arkiv.*, Abt. II, p. 24.)

Boas reports upon twelve cases of Hebra's prurigo occurring in the Commune Hospital at Copenhagen. Two of the patients were adults and the rest children, the youngest being only one month old. He injected them on alternate days with increasing doses of Koch's old tuberculin in a $\frac{1}{5}$ per cent. solution of carbolic acid. The initial dose was $\frac{1}{20}$ mgrm. Two days later he injected $\frac{1}{10}$ mgrm., then 1 mgrm. and $\frac{1}{2}$ cgrm., and in the adults 1 cgrm. In the older children and adults a preliminary injection of the carbolic solution without tuberculin was given to eliminate psychic causes which might produce a rise of temperature. Seven of the patients gave a positive reaction and five failed to react to the tuberculin. One patient, a cigar-maker, aged 23 years, gave a positive reaction after the injection of $\frac{1}{20}$ mgrm., while in two children, aged respectively 14 months and 7 years, no reaction was obtained until $\frac{1}{2}$ cgrm. of the tuberculin had been injected.

As Hebra's prurigo occurs especially in children who are debilitated, and who often have chronic disease of the alimentary tract, conditions which favour the development of tuberculosis, Boas concludes that the cutaneous affection cannot in any way be considered a tuberculous affection, as five out of the twelve cases gave no reaction whatever to the increasing doses of old tuberculin In no case was there any local reaction to the injections.

J. H. Sequeira.

A CASE OF ALOPECIA AREATA ILLUSTRATING JACQUET'S THEORY. Boas. (*Nord. Med. Arkiv.*, Abt. II, p. 27.)

The patient, a clerk, aged 23 years, had for a long time a carious tooth, the left last molar in the lower jaw. A month before he attended a periostitis developed in connection with this tooth, and a fortnight after a patch of Alopecia areata appeared in the lower occipital region. The left upper molar on the same side was carious.

J. H. Sequeira.

TREATMENT OF LUPUS ERYTHEMATOSUS BY RÖNTGEN RAYS. Moberg (Stockholm). (*Nord. Med. Arkiv.*, 1911, Abt. II, p. 36.)

Since 1907 Moberg has treated eighteen cases of Lupus erythematosus by the Röntgen rays. No case of the type called "Erythème centrifuge" was so treated. The usual dose administered was three to five Holtzknecht units on alternate days. On the appearance of a reaction the treatment was suspended.

He divides the cases into superficial and deep. In the superficial type he gave

smaller doses than in the deeper form. Three out of six of the superficial type are so far free from recurrence. In two cases recurrences appeared at the margin and in one in the centre. Satisfactory cicatrices were the rule in this form.

In two cases of the deeper type, respectively of twenty and thirteen years' duration, the cosmetic results were bad, and uncured spots persist. In five cases complete cure is recorded, three with good scar-formation, and two with bad cicatrices. The remaining three cases were only partly healed.

Moberg concludes that the Röntgen rays have no direct specific action on the disease process. A milder reaction is required in the superficial than in the deep cases. Smaller doses than 10 Holtzknecht units (equivalent to two pastille doses of Sabouraud) are usually too weak in the deep forms.

J. H. Sequeira.

CARCINOMA ON LUPUS ERYTHEMATOSUS. A. Reyn (Copenhagen). (*Nord. Med. Arkiv.*, 1911, Abt. II., p. 49.)

The patient was a single man, aged 77 years. His mother had died of cancer. The Lupus erythematosus appeared when the patient was eighteen years of age, and for nineteen years it had been treated without benefit. During the last ten years it had healed spontaneously with the exception of the nose. There were extensive scars on both cheeks and ears. The margins of the auricles and the alæ nasi were partially destroyed. On the left cheek there were small patches of typical Lupus erythematosus. On the left side of the nose there was a tumour 5 cm. by 3 cm., projecting a few millimetres above the surrounding scar. The surface of the tumour was irregular, partly verrucose, but not ulcerated. It was not adherent to the bone. On the dorsal surface of both hands and on the fingers there were numerous typical spots of Lupus erythematosus with marked keratosis.

J. H. Sequeira.

A CASE OF SINGLE MYOMA CUTIS. Moberg (Stockholm). (*Nord. Med. Arkiv.*, 1911, Abt. II, p. 65.)

The patient was a married woman, aged 23 years, who had for several years a small thickening in the skin over the calf of the right leg in the middle line. On examination a small hard swelling, the size of a hemp-seed, was easily felt in the skin. The epidermis over the tumour was normal, and the hair and glands were unaltered. In a good light the surface had a bluish tint. The tumour was tender on pressure, and also caused considerable spontaneous pain. No other tumour was found. The growth was excised with the superjacent skin, and examined in serial sections. It consisted of smooth muscle-fibres in large and small bundles, crossing each other in all directions. Moberg considers that the growth certainly arose in the muscularis of the vessels, for it was easy to demonstrate that the latter were hypertrophied in many places. He has been able to find only two other cases of solitary Myoma cutis in the literature.

J. H. Sequeira.

THE PATERNAL TRANSMISSION OF SYPHILIS. C. F. Marshall. (*Brit. Journ. Child. Dis.*, 1912, ix, No. 102, p. 204.)

In this article the author maintains that the transmission of syphilis from the father to the child without the mother suffering from the disease is possible, and

that without assuming its occurrence it is impossible to account for certain well-established clinical observations. The possibility of paternal transmission was accepted until Matzenauer in 1903 insisted that the mother is always infected. The chief arguments advanced by Marshall in favour of paternal transmission are (1) that a woman may bear a syphilitic child by a syphilitic father and that her later children by a non-syphilitic husband are not syphilitic; (2) that after a series of syphilitic children a healthy child may be born after the father alone has had treatment by mercury. According to Matzenauer these arguments are disproved by the contention that the mother, having been infected by the father, the question of paternal transmission can only arise in connection with the first child. Subsequent healthy children are explained by alternating transmission. The treatment of the father is of no moment as the mother is already syphilised. Although a woman may bear healthy children by a non-syphilitic second husband after having a syphilitic child by her first syphilitic husband, cases are on record in which a woman has given birth to syphilitic children not only from a first syphilitic husband, but also from a second and even a third healthy husband.

Matzenauer holds that the semen is not contagious, but Marshall quotes Finger and Landsteiner's inoculation of apes by means of semen expressed from the seminal vesicles of a syphilitic patient.

The law of Colles is now explained by the mother herself being syphilitic, the primary chancre having escaped notice, but Marshall does not consider this explanation satisfactory, for it does not account for the frequent absence of secondary symptoms in such women. Again, although a positive Wassermann reaction is found in 71 per cent. of the mothers of syphilitic infants, the author deems it illogical to infer that all mothers of syphilitic children are themselves syphilitic. He quotes Fournier's estimate that the relative frequency of paternal and maternal syphilis is in about the ratios which obtain in the Wassermann reaction. He suggests that the 70 per cent. of women giving a positive Wassermann reaction are the cases of maternal transmission, and the 30 per cent. which give a negative reaction are the cases of paternal transmission. He holds that the attempt to decide such problems as the paternal transmission of syphilis and of syphilis by conception "on the sole evidence of a variable and uncertain laboratory test is . . . going too far." The argument that paternal transmission is impossible because the spirochæte is too large to enter the spermatozoon is answered by the author's *obiter dictum* that the parasites need not enter, for they may be carried in the seminal fluid. Levaditi and Hoffmann's observation of spirochætes being able to enter the ovum is quoted, and the possibility of different morphological forms of the organism is discussed.

J. H. Sequeira.

CLINICAL OBSERVATIONS ON THE USE OF SALVARSAN IN SYPHILITIC INFANTS. C. T. Noeggerath. (*Jahrb. f. Kinderheilk.*, February, 1912, p. 131.)

The intra-muscular method was first used, but the intra-venous method was substituted as more satisfactory after the first nine months. Eight mgrm. per kilogramme of body-weight was the maximum dose. Noeggerath recommends that if the infant is enfeebled it is better to give mercury or to begin with much smaller

doses of salvarsan—3 to 5 mgrm. per kilogramme of body-weight. If there be any sepsis salvarsan should be withheld.

He says there is no question as to the efficacy of the drug on removing the symptoms of the disease, and he has no doubt that in this respect it is more speedy than mercury. He, however, recommends the combination of salvarsan with mercurial treatment as giving the best prospects of cure. The ultimate prognosis can only be learned by the efflux of time.

J. H. Sequeira.

MORTALITY AND MORBIDITY IN HEREDITARY SYPHILIS. C. F. Marshall. (*Brit. Journ. Child. Dis.*, January, 1912, ix, p. 4.)

The manifestations of hereditary syphilis take four forms: The first is a high mortality of the fœtus, early or late. The second is a virulent or active heredo-syphilis which may also be early or late. The third is a syphilitic dystrophy or heredo-parasyphilis. The fourth is without symptoms. Paternal transmission more commonly causes the late heredo-syphilis and syphilitic dystrophy than the virulent early affection. There are more healthy infants when the disease is paternal. On the other hand, transmission by the mother more frequently causes the virulent manifestations of heredo-syphilis and the virulence persists longer. When both parents are infected fœtal mortality is very frequent and the symptoms in living children are more severe. First-born children suffer more often from the virulent form of heredo-syphilis, and the later children from the dystrophies. Most cases of active hereditary syphilis can be cured by mercury and this treatment should be persisted in for two years. The dystrophies and parasyphilitic affections, *e. g.* the nervous and mental affections, are uninfluenced by mercury. The author maintains that salvarsan does harm, because it does not cure the disease, and creates a false security which leads to the abandonment of prolonged treatment by mercury.

J. H. Sequeira.

THE LIFE-OUTLOOK OF CONGENITALLY SYPHILITIC CHILDREN. O. Sprinz. (*Derm. Wochenschr.*, March 9th, 1912, p. 368, and April 6th, 1912, p. 402.)

A home for the free treatment of congenital syphilitic children has been open in Berlin since 1909 thanks to the efforts of Rosenthal. While commending such institutions from the standpoint of humanity Dr. Sprinz questions whether the results are of sufficient value to justify the State in their maintenance. The subject is exhaustively studied in the light of the pronouncements of authorities on the causes of death in heredo-syphilis, the influence of treatment and of the surroundings and nutrition of the child. The discussions on syphilis hereditaria tarda and the influence of a luetic inheritance on the nervous system as shown in idiocy, epilepsy, cerebral palsies, etc., are of great interest.

J. H. Sequeira.

CONTAGIOUS AFFECTIONS OF THE SKIN IN PREPARATORY SCHOOLS AND COLLEGES. J. T. Bowen. (*Boston Med. and Surg. Journ.*, vol. clxv, pp. 937–939.)

Boston is a centre about which there are numerous preparatory boarding-schools and colleges for both sexes, and Dr. Bowen in his twenty-five years'

practice in that city has had a large experience of cutaneous disease in the students in these institutions. He comments upon the prevalence of the following contagious disorders.

Impetigo contagiosa.—An occasional case of this affection with the occurrence of one or more in the immediate surroundings of the subject is constantly seen in the preparatory schools and colleges of both sexes. The lesions occur on the parts uncovered by clothing, except in those engaged in athletics. Many of these cases were found in members of football and hockey teams, sometimes half a dozen or more members being affected at one time. The affection could in some cases be traced to sweaters used by a person previously infected. In one instance sixteen cases were observed in a preparatory school for boys numbering fifty.

Scabies.—While noting the increase of this disease among the more cleanly classes of the community in recent years, Dr. Bowen has been rather surprised at the comparatively few cases seen in the institutions under consideration. He takes this to be evidence of the good hygiene in the schools.

Ringworm.—No case of ringworm of the scalp has been seen in the class of subject considered, a large number of them being beyond the age of puberty. A moderate number of cases of tinea of the glabrous skin have been observed, and occasionally Tinea barbæ has been seen.

Eczema marginatum.—Dr. Bowen finds this disease to be one of the commonest affections in boys and young men, especially those who frequent gymnasia and are engaged in athletics. The commonest site, of course, is the inner side of the thighs and the adjacent parts of the genitals, but a few cases involving the axillæ came under observation. In some of the cases a vegetable parasite was demonstrated, but in a large number no infective agent could be found. As a rule these cases occur in a number of instances at or about the same time, members of rowing crews and football teams being often affected.

Alopecia areata.—Cases are recorded in which two subjects who either slept together or were in constant communication with one another developed the affection.

Verrucæ.—A very large number of cases of verrucæ came under Dr. Bowen's observation, and he quotes a resident physician in a large female college who was much struck by the appearance of warts on the fingers and hands when the students returned for the autumn term from their summer vacation. Dr. Bowen directs special attention to warts on the feet, of which he has seen many examples in boys and young adults. The warts were usually on the plantar surface, and in some instances there were also warts on the palms. Of thirty-four cases personally observed, twenty occurred in boys attending a preparatory boarding school or Harvard College. In some instances a regular epidemic of these plantar warts was reported by the medical officers; in one school for boys almost a third were affected at one time.

J. H. Sequeira.

REVIEWS.

Les Sporotrichoses.*

The first sporotrichum was isolated by Schenk in 1898. In 1903 de Beurmann and Raymond demonstrated the *Sporotrichum Beurmanni* at the St. Louis Hospital. But between 1906 and the present date the writers have developed the subject of sporotrichosis to such an extent that we have now before us a large volume which in its completeness recalls Sabouraud's monumental work on the ringworms. The authors' remarks, while covering the general study of the sporotrichoses, has had as a special object the most common variety, the sporotrichosis of de Beurmann, due to the *Sporotrichum Beurmanni*. They have demonstrated the importance of this disease, and have shown its unsuspected prevalence. Confounded in the past with tuberculosis, syphilis, and chronic microbic inflammations, they have clearly proved its clinical characteristics, and have elaborated a method of diagnosis which is practicable, and can be applied by anyone having a moderate knowledge of bacteriological methods. Not only is the disease of importance to the dermatologist by its simulation of syphilitic and tuberculous gummata, but it is of great interest to the general physician and surgeon by reason of the lesions produced in the viscera and skeleton.

The work of de Beurmann and Gougerot has been confirmed and amplified by numerous observers in many parts of the world, and full recognition is given to these observations in the volume before us.

After a historical survey of the subject, the first section of the book is devoted to a general study of the sporotrichoses and an explanation of the classification of the sporotrichia. Each variety of sporotrichum is studied, and also each variety of disease produced by it. Line drawings of the microscopical characteristics of the fungi are given, and numerous photographs of the cultures on various media. The anatomy and pathological histology of the lesions provoked by the parasites are described, and the more recent researches on the serum reactions receive full attention. The existence of the organisms as saprophytes in nature is of the greatest interest, for it explains the methods by which the parasite may infect the human body, both through abrasions of the skin and mucous membrane and by the alimentary canal.

The clinical aspect of the subject is well developed, and characteristic photographs of the lesions are given. In the pathological sections there are many beautiful drawings of Dr. Gougerot's illustrating the morbid anatomy and histology.

The second part of the book is specially devoted to the subject of sporotrichosis Beurmanni, the commonest variety, and here we find the geographical distribution, the ætiology, pathological and clinical, and the therapeutic aspects, discussed with a thoroughness which compels admiration.

We heartily congratulate the authors on the production of a noteworthy addition to the literature of scientific medicine.

J. H. Sequeira.

* *Les Sporotrichoses.* By MM. de Beurmann and Gougerot. 1 vol., 8vo, pp. 852, with 181 figures in the text and 8 plates. 20 francs. Libraire Felix Alcan: Paris.

The Treatment of Diseases of the Skin.*

This work is intended to be a reference book for the use of general practitioners and students as well as for the dermatologist.

In the first part the author gives a short account of the treatment of cutaneous diseases by means of X-rays, electrolysis, cataphoresis, high-frequency currents, solid carbon dioxide, vaccines, and hyperæmia. The second part is devoted to a description of the various skin-diseases, arranged in alphabetical order with the treatment appropriate for each, and a third section contains a list of prescriptions to which reference is made in the text.

An important *rôle* is assigned to the X-rays, and the author believes that there are few dermatological lesions which are not improved or cured as the result of skilled treatment by this method. In this connection he lays stress upon the sympathetic relation of one area of the skin to another as evidenced by the fact that improvement in one area treated is followed by noticeable although less marked improvement in remote parts of the body.

Among the various methods which the author has found especially beneficial may be mentioned radiant heat applications in scleroderma and Erythema nodosum; suction-cupping in acne, alopecia and scars; ionisation in alopecia; solid carbon dioxide and ether carbon dioxide for lupus, etc. Many of the remedies are interchangeable, and the selection might well be bewildering to the student or general practitioner.

There are one or two notable omissions, such as the use of radium for nævi and solid carbon dioxide for Lupus erythematosus. The phraseology and nomenclature might be improved upon in some instances, such as "panacea for everything," "malassimilation of nutritive processes," "auto-inoculous," "*Staphylococci aureus*."

The book is printed in large clear type and is well illustrated.

S. E. D.

* *The Treatment of Diseases of the Skin.* By W. Knowsley Sibley. London: Edward Arnold, 1912.

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